1617 XCD17

E

Student ID # Last Name First Name

2016-2017 DEPENDENT NUMBER IN COLLEGE FORM

PLEASE PRINT OR TYPE IN BLACK INK!

Because of discrepant information in your file, please complete the following statement.

- How many people in your parents' household will be college students between July1, 2016 and June 30, 2017?
- Always count yourself as a college student. **Do not include your parents.** You may include others only if they will attend, at least half-time in 2016-2017, and enroll in a program that leads to a college degree or certificate.

Failure to complete this form will cause a delay in the processing of your aid.

Name	*Age*	*Relationship to Student*	*Enrolled at least half time? If yes, where?*
		SELF	***Eastern Illinois University***

TOTAL IN COLLEGE _____

_____Date:_____

PARENT'S SIGNATURE:

_____Date_____

STUDENT'S SIGNATURE:

EASTERN ILLINOIS UNIVERSITY
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